What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

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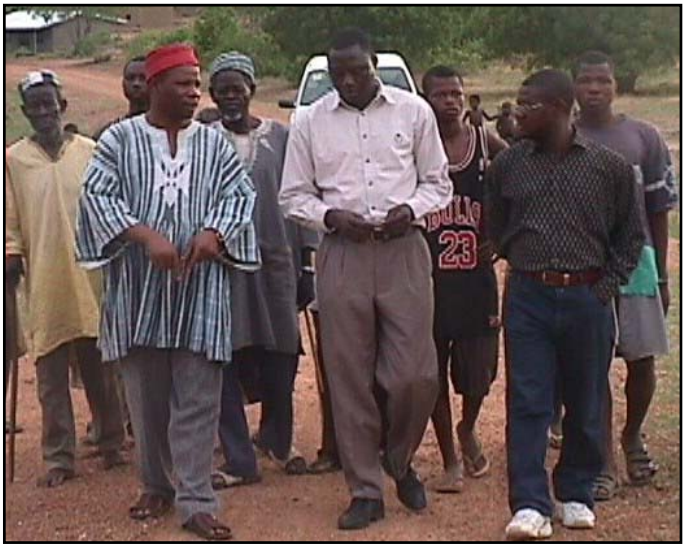
WHERE DO WE PUT OUR CHC?

In 1994, two villages, Kayoro and Naga, were the first Navrongo Project communities to construct Community Health Compounds (CHC). Then, as now, CHC were intended to serve as dwelling places and clinics for Community Health Officers (CHO) to serve as frontline service providers of the CHFP. The two communities share one clear thing in common—they are the most isolated communities in the essentially rural Kassena-Nankana district where everything including health service, is remote and difficult to reach. Naga is 45 kilometers to the South of the central part of the district where the district hospital is located, and Kayoro is 40 kilometers to the West and both communities are about 15 kilometers away from the nearest health facility. Residents of these remote communities are therefore the most enthusiastic participants in the project. Bringing health to the doorstep could not have been possible without their CHC.

Chief and Elders massaging the CHC idea

While it may be obvious that a community needs a CHC, the logical place to put it is often less obvious. Influential leaders may want to situate it near their compound. Or, there may be community groups vying for one location or another. In general, what works in CHC placement is finding a location that is convenient, but not so close to any community group that its construction appears to exclude others. Achieving a consensus about the location involves consultation with community leaders, group consultation with individuals who will use the CHC, such as mothers with young children, and open discussion of the CHC programme at a durbar where the construction plan is announced. Here, novel but workable ideas emerge, all of which are melted in the crucible of open discussions. Some of the most absurd views often lead to practical solutions. While there is no general formula that will always work, some guiding principles usually apply that were first worked out in Kayoro and Naga:



Where do we locate our CHC?

- Locating the CHC next to, or inside a chief's compound, typically fails. Women seek an element of privacy and social distance between the CHC and places in the community where leaders reside.

- Locating the CHC near a well or borehole helps the CHO by providing convenient access to water, and clientele, and convenient access to a service point. In some communities where water is particularly lacking, schoolgirls in the vicinity take it upon themselves to fetch water for the nurse, wherever they can find it.

- In settings where there are multiple communities to be served, it is important to locate the CHC in a place that is not perceived to be owned by a particular social group. Finding the right location in such situations can be a challenging task.

While these principles often apply, there is no general rule or formula for answering the question "Where do we put our CHC?" Situating a CHC involves dialogue with community groups. This involves dialogue with:

- *Chiefs and elders.* Community dialogue should begin by assessing the views of community leaders. These views should provide the basis for discussions that follow.

- *Young mothers.* Since women and their children are important clientele, it is important to convene groups of women from the community to be served and seek their advice about where to place the CHC. Young mothers should have ample opportunity to air their views on where a CHC should be placed.

- *Wives of compound heads.* In many compounds, the mobility of women is influenced by the senior women. Wives of compound heads are particularly important health access opinion leaders. Separate groups of older women should be convened to discuss the matter of where to place a CHC.

- *Husbands.* Men should also be involved in the dialogue so that no group is excluded in deliberations. Men have often been found guilty of exerting unhealthy influence on the health seeking behaviour of women, especially their wives.

At the end of the process of community dialogue, leaders should be reconvened and apprised of what has been learned. Consensus should be forged at this stage and a durbar planned to announce the decision and solicit open community comment on the choice of the site and plans for building the CHC. Constructing consensus about location is critical to constructing effective CHC. The people of Karyoro and Naga have taught us how to build this consensus.

Women in a focus group discussion about where to locate their CHC

Send questions or comments to: What works? What fails?
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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant from the Vanderbilt Family to the Population Council.